Blue Ocean Services Limited

Blue Ocean Services

Inspection report

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Date of inspection visit:
09 January 2018

Date of publication:
17 May 2018

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection of Blue Ocean Services took place on 9 January 2018 and was announced. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and younger disabled adults. Not everyone using Blue Ocean Services receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection 51 people were using the service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection on 25 February 2016, the service was rated Good. At this inspection we found that the service had not met all the regulations we inspected. We found breaches of regulation in relation to safe care and treatment, good governance and notifications of other incidents and the service has therefore been rated Requires Improvement.

The registered manager completed individual risk assessments for people. The risk management plans helped guide staff in minimising risks for people. However, we found risk management plans were not always sufficiently detailed.

Care plans were person centred and contained information about people's backgrounds and needs so staff could support them in ways they preferred. Plans contained instructions for care workers about what to do on each visit. However, we found care plans did not always contain people's assessed needs for staff to care for people in an effective way.

Medicines were administered to people as prescribed. Staff received training to administer medicines and had their competency assessed to ensure they continued to do this safely. However, medication administration records were not always completed accurately.

Accidents and incidents were logged as were the actions to mitigate them happening again. However, we found that on some occasions that actions to reduce the risk of this recurring had not been fully implemented.

The registered manager did not always fulfil the requirements of their registration with CQC. They did not always notify us of safeguarding concerns as required by law.

The service was monitored and reviewed to ensure the care provided was of good quality. However, we found some areas of the service were not of good quality because the quality assurance systems were not

effectively used.

Enough staff were available to care for people. Staff were allocated to people to provide care and support to them, where necessary two care workers were provided.

Safer recruitment processes ensured suitably skilled staff were employed to work with people. Checks were carried out on staff before they were approved as suitable for employment.

There was a safeguarding policy in place and staff regularly attended safeguarding training. Care workers understood what whistleblowing meant and said they would contact the registered manager to inform them if they had any concerns about the quality of care.

The registered manager supported staff through training, supervision and appraisal. Staff discussed the challenges and rewards they experienced while working with people. Staff reflected on and took action to improve their practice.

The principles of the Mental Capacity Act 2005 (MCA) were followed by the registered manager and staff. MCA training was made available for all care staff. People were supported to have maximum choice and control of their lives and staff provided care in the least restrictive way possible for people. The policies and systems in the service supported this practice.

Before care was provided staff obtained people's consent to care and support. People made decisions about the care and support they were going to receive and staff respected these choices.

Meals provided met people's needs and individual preferences. When people needed shopping staff completed this so people had access to food and drink to meet their needs.

People were supported by staff to meet their health care needs. Care and support was delivered in a flexible way which allowed people to make decisions on their care and support. End of life choices was recorded in people's care records.

Staff displayed kindness and compassion while caring for people. Staff respected people's dignity and promoted their privacy.

Infection control procedures were followed by staff. The registered manager provided personal protective equipment for staff to use to reduce the risk of infection.

People had assessments of their needs completed and they were encouraged to contribute to them. The registered provider had systems in place to ensure people had regular reviews of their care needs.

There was a system for people to complain about the care and support received. People were confident in making a complaint about the service.

There was an organisational structure in place at the service. The registered manager provided leadership to staff and supported staff so they were able to carry out their jobs.

The service had developed working partnerships with health care professionals in health and social care services.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Aspects of the service were not always safe.

Risks associated with people's care needs were identified by staff. However, risk management plans did not always provide staff with sufficient information to mitigate those risks.

Accidents and incidents were recorded but lessons learnt from these were not always shared to reduce recurrence.

Staff knew the signs of abuse and what actions to take to protect people from the risk from harm and abuse.

There was enough staff recruited and deployed to support people.

People's medicines were managed safely by staff and people had their medicine as prescribed.

Is the service effective?

Good

The service was effective.

Staff assessed people's needs and choices.

Staff were supported through training and on-going supervision and appraisal.

People had enough to eat and drink to maintain their health and meet their preferences.

The registered manager worked in partnership with health and social care professionals to improve the care delivered to people.

People were supported by staff to attend health care appointments when they needed this support.

The registered manager and staff had an awareness of the principles of the Mental Capacity Act (MCA). Staff obtained consent from people receiving care.

Is the service caring?

Good

The service was caring. People said staff respected them and provided them with caring, compassionate and dignified care.

People contributed and made decisions about how they wanted to receive their care.

Is the service responsive?

Good

The service was not consistently responsive.

Assessments of needs of people's care and support took place. However, people's care plans did not always contain sufficient information for staff to provide accurate care.

The registered provider had a complaints system for people to raise concerns.

Care records held people's end of life care wishes and needs.

Is the service well-led?

Requires Improvement

The service was not always well led.

There was an audit system in place to review the quality of care. However, we found the quality of care records was not always accurate and updated with people's current care needs.

The registered manager did not always notify the Care Quality Commission of incidents that occurred at the service.

Staff understood their roles whilst working for the service.

People provided their feedback about the service.

Blue Ocean Services

Detailed findings

Background to this inspection

This inspection took place on 9 January 2018. We gave the service 48 hours' notice of the inspection visit because it is a domiciliary care agency and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. We visited the office location to see the registered manager and to review people's care records and the key policies and procedures.

Two inspectors and two experts by experience carried out this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we looked at information we held about the service. We received information that indicated potential concerns about the management of risk at the service. We also reviewed notifications sent to us by the service. A notification is information about important events that occur in the service, which the provider is required to send us by law.

At the time of the inspection, we spoke with the registered manager. We reviewed five people's care records, their medicines records and five staff files. We looked at other records relating to the management, leadership and monitoring of the service.

After the inspection, we spoke with 15 people using the service and 12 relatives. We also spoke with five care workers and received feedback about the service from local health and social care service teams.

Requires Improvement

Is the service safe?

Our findings

People shared their comments about how safe they felt the service was. People said, "They are very good and help me get in and out of the shower," "They make me feel safe because I can tell they have been trained to help", "They are very capable and that makes me feel safe" and " They [care workers] seem confident which makes [my relative] feel confident." Although we received positive comments about the safety of the service we found that not all aspects of the service were safe.

The registered manager completed individual risk assessments for people, which helped to identify risks to people health and well-being. From these assessments, risk management plans were put in place to guide staff to minimise those risks. The risk assessments were kept under review so staff had accurate and up to date information. However, we found some risk assessments were not sufficiently detailed and some known risks had not been not been consistently added to people's care records. For example, one person was at risk from a potential fire due to the medical equipment used in their home environment. The risk was mentioned in the care plan, however a fire risk assessment had not been conducted. The registered manager said the local authority would conduct this risk assessment, however it is the provider's responsibility to ensure that care delivered is safe for the person and the staff who visit. We requested copies of these records during the inspection but we were not provided with them.

People had their medicines as prescribed. There was a system in place for the ordering, administration and storage of people's medicines. However, medication administration records were not always completed accurately. There were MARs in three of the care plans looked at. We found that for three people there were days where the MARs had not been completed between September and November 2017. Therefore, it was unclear whether medication had been given, refused or omitted. The registered manager carried out six monthly medicines audits to ensure people had been given the right medicines at the right times. Audits reviewed did not identify any issues with recording medications on medication administration records (MARs) charts. We asked for a summary of the six monthly medication audits conducted, however this was not provided. .

Accidents and incidents were logged and there was documented action to be taken to reduce the risk of them happening again. However, we found that on some occasions that actions had not been fully implemented. For example, a number of the actions included a recommendation for staff to have training in managing behaviour that challenged. However, the registered manager told us that this training had not been provided to all staff at the time of the inspection but there was a plan for this. This meant that there were no effective systems in place to manage and reduce the risks and learning shared from accidents. People were at risk from poor care because the registered manger failed to ensure people's risk assessment and management plans were accurate and relevant to their care needs.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw another example where a person was identified at risk of choking. We found that the registered

manager was not consistent in the approach to highlight and address this risk to enable staff to deliver food safely to the person using the service. For example, the care plan instructed staff to cut all food provided to the person into small portions to reduce the likelihood of choking however, this was not stated in the instructions for breakfast preparation. The registered manager told us that the person liked to have soft food for breakfast however this also was not documented in the care plan. The registered manager provided us with additional information following the inspection. We received a copy of the person's risk assessment which stated 'all meals needed to be cut up by staff.' Despite this example, we found there was an inconsistent approach for recording people's information on care plans and risk assessments to ensure people received safe care.

Care workers told us they had received training to administer medicines and had their competency assessed to ensure they continued to do this safely. Staff training records showed staff had completed safe medicine management.

There was a safeguarding policy in place and staff regularly attended safeguarding training. One care worker told us, "Abuse can be physical, sexual or mental." Care workers told us that they would contact the office to inform them of their concerns and that the office staff would act on this. Staff understood how to protect people from the risk of harm and abuse. Staff were familiar with the local authority safeguarding process for reporting concerns about people.

Care workers understood the registered provider's whistleblowing procedure which they felt confident to use. One member of staff said, "I'd report any concerns about the behaviour of a colleague to a manager." Whistleblowing is when an employee raises a concern about a wrong doing in their workplace which harms, or creates a risk of harm, to people who use the service, colleagues or the wider public.

The registered manager operated an out of hours' system to ensure a member of the management team was available if people or care workers needed advice or guidance. The staff we spoke to told us that they were able to contact management out of hours via an on call mobile.

Infection control procedures were in place at the service. The registered manager had equipment in place to reduce the risk of infection. Staff used gloves and aprons to reduce the risks and to protect people and themselves from infection. The registered provider ensured staff had access to these whilst visiting and providing care to people.

The registered provider had a recruitment process in place. Before newly recruited staff worked with people, robust checks took place to assess their suitability. All staff attended an interview to establish their suitability for the role. The registered manager carried out pre-employment checks on new employees before working with people. The Disclosure and Barring Service (DBS) helps employers to carry out checks to help them make safer recruitment decisions and prevent unsuitable people from working with people. Employment at the service was confirmed when all checks were returned including confirmation of their previous employment including any gaps and references, identification as well as right to work in the UK.

Staffing levels were at a level that met the needs of people. When people required support with their care needs this was made available to them. There was a system to record missed and late visits. People said that the care workers always attended to their needs. People shared their comments with us such as "[Care worker] always comes and she spends an hour three times a day, [Care worker] is not often late," "[care worker] is always on time except when he had a car problem and he stays the full time doing things," and "I have stipulated from the beginning that they must be on time and [care worker] is." People were satisfied with the numbers of care workers that were available to meet their needs.

Good

Is the service effective?

Our findings

Staff received on going support provided by the registered manager. People shared comments with us regarding the skills and levels of training they felt staff had. Comments were, "They [care workers] help me in a nice way and they seem well trained and professional," "They help me efficiently and are very good at the jobs, and are obviously trained," and "[Care worker] is fantastic at her job, and I am sure must have had good training."

Care workers told us they had an induction when they started working at the service. This included attending training the registered provider considered essential to meet the needs of people using the service and working alongside more experienced members of staff before working unsupervised in people's homes.

The registered manager ensured staff had regular supervision and an appraisal. The registered manager and staff were able to discuss their training, professional and developmental needs and these were recorded on staff records. Where staff required additional support while supporting people this was also recorded with the level of support required. For example, when staff requested a change in their working hours or additional specialist training.

The registered provider kept a record of staff training, which included dates when training was due to be renewed. The training provided to staff included medicine administration, safeguarding adults and equality and diversity. One care worker told us, "We get a lot of training before we start and we have regular updates". The care workers we spoke with told us that they had also been trained to use hoists.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. People were cared for in line with the MCA.

Staff sought and received from people consent to care and support. People told us that staff supported them to provide their agreement and consent to care. People shared with us their comments that described how staff obtained their consent before receiving care. People said, "They always ask for consent. They are good like that," and "Before they do anything, they ask if that is OK. Always ask permission first."

People were supported with meals that met their preferences. People who required support with having a meal were assessed to identify the level of support needed. People had support with eating, preparation of their meals and other people required the support with shopping. People told us that staff supported them

with having meals they enjoyed. People's comments were, "We [care worker and relative] do it between us and [care worker] knows what [my relative] likes," "I have some help with my evening meal. They always help with whatever I want" and "They do snacks for me and the family do my other meals, the snack is what I fancy."

People were supported with their health needs when they changed. Staff monitored people's health and when they deteriorated staff contacted the office based staff to inform them of this and obtained advice from them. Office based staff contacted health service for advice and support for the person they cared for. People were supported to attend health care appointments. Staff supported people to get ready for their appointment or accompanied them if they wanted this support.

The registered manager worked in co-operation with health and social care services. Staff worked with health care professionals to ensure guidance for people was implemented to maintain their health care needs. When people had new equipment provided by health services, staff were trained to be familiar with its use. One person told us, "There is only the hospital bed really and they are all good with that." Another said, "I have a lot of equipment and they all know how to use it." The registered manager incorporated professional guidance and new health care information into people's care records. This ensured staff had the most up to date information about people and staff could care for people in a way that accurately reflected their current needs.

Good

Is the service caring?

Our findings

People received care from staff that were caring. People shared their thoughts and views about the staff that supported them. They told us they felt staff were caring and supported them in a compassionate manner. People said, "I think the checking they do shows caring, checking on my tablets and whether I have left the cooker on and things like that, I am lucky with them. They are all very kind. They bring a little bit of life into my life", "Their attitude is good, and they do things like ensuring I have my magazine and my glasses" and "Staff have a good attitude, friendly and caring."

People remained involved in making decisions about their care and support. People and relatives told us they had an involvement in making decisions in planning their care and support. Staff encouraged people to give their views and opinions in how they wanted their care provided. This included discussing their preferences for a male or female care worker and the time to receive their care. People said, "I can make my wishes known and they go along with it", "Yes, I tell them what I want and that is ok" and "I make decisions all the time."

People were supported to be as independent as they were able. People said staff supported them with being able to manage their care needs as they were able. This helped people to have control over their care and support needs. People told us, "[My relative] gets offered to wash themselves as much as [they] can which is good for independence and dignity." The care workers we spoke with told us they had enough time allocated for care calls to encourage people to do things for themselves. We asked how privacy and dignity was protected for people who use the service. One care worker described how they carried out personal care. They told us, "We will close the curtains and doors before carrying out personal care to protect people's privacy and dignity."

People received their care provided by staff that promoted dignity and privacy. People said that staff were respectful and carried out their care in privacy. People shared positive comments about how staff treated them when receiving care. People said, "They respect my dignity especially with the commode which is one of the really difficult things to manage." One person said, "[Care "workers] manage to make sure I am never exposed when I am going to and from the shower and it really helps." People could be confident that staff treated them in a way, which valued and appreciated them.

Good

Is the service responsive?

Our findings

People received a service that responded to their needs. People received person-centred care following an assessment of their needs. Staff responded to people's needs because an assessment identified the support people required to maintain their health and well-being. When people's care needs changed people had a reassessment of their needs. Changes in care needs were updated in people's care records to reflect these changes.

People discussed their involvement in the care assessments. People confirmed that they had an assessment of their care and had an individual care plan that was in place. People told us, "[My family member] had an assessment and care plan", "There is a copy of the assessment and a care plan at [my relative's home]," and "There is an assessment which was made last summer." People also said staff visited them to review their plan of care and were involved in this process.

One person's care plan stated the local authority had reduced the four daily double handed calls to one daily double handed call and three daily single-handed calls in February 2017. The re-assessment conducted by the provider did not acknowledge this change and any risk associated with this. However, the provider said that due to the equipment being used, support by one care worker three times daily was safe and sufficient. Following the inspection we were provided with a risk assessment, which found one care worker providing care three times daily sufficient.

People were supported with care at the end of their life. Records showed the care choices people wanted at the end of their lives. When people needed support with care at the end of their lives this was followed by staff to ensure people's wishes were respected at that time.

There was a complaints procedure in place. We saw information about how to make a complaint was included in an introductory letter, which was given to people when their service started. People told us about their experience of making a complaint at the service. One person said, "We haven't needed to make a complaint" and another person said, "I have not a complaint as such but we have made concerns known and they are acted on." The provider had a complaints policy in place. We reviewed the four complaints made in the past year. We saw that the complaints had been investigated, with actions taken and closed.

Requires Improvement

Is the service well-led?

Our findings

The service was not consistently well led. The quality assurance systems were not always effective. The registered manager did not identify issues we found with some aspects of the overall management of the service. We found concerns in the recording and accuracy and quality of some people's care records, including risks assessments and care plans. We also found actions from accidents and incidents were not fully implemented. We discussed all of these areas of concern with the registered manager. We requested a copy of a referral made to the local authority requesting a fire risk assessment. This was not provided to us after the inspection.
We also found some inconsistencies in how medicine administration records were completed. We requested the last medicine audit. However, the medicine audit did not identify the gaps in the MARs we found.
We found the process in place to review the quality of care was not effective. We found that care records that had been audited had not been updated and we found some shortfalls in care records that had not been identified.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager did not always understand the requirements of their registration with CQC. We asked the registered manger for a list of current safeguarding case they had in the service. The registered manager told us there were no safeguarding allegations at the service since the last inspection. However, we were made aware of two safeguarding incidents that the registered manager did not make CQC aware of. This meant that the CQC could not look into incidents of concern that occurred at the service and take action if required.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People shared their views about the management of the service. People said, "It's well managed and we can talk to any of them," "They have been very helpful because they have allowed us to keep the middle visit flexible, sometimes we need it and sometimes we don't, we just phone if we do need it" and "I think it is well managed and we know the manager quite well too." People were able to share their feedback about the overall service. They said, "Blue Ocean Services is really good service, I am impressed", "The quality of the service is good, I don't know what would make it better," and "They are really good and I can't think of anything better."

The registered manager had systems in place to review the quality of care. We saw evidence that the provider was carrying out regular spot checks on its staff. Staff had regular team meetings were they were able to receive information about the service and also shared good news and challenges that they found in the job. We were also told that management was very supportive of the care workers and would often personally attend to the care needs of people who used the service if a care worker was off sick and another could not be found to cover.

The provider had gathered feedback from people using the service. People told us they completed questionnaires to give their feedback on the quality of care provided. The registered provider had gathered feedback from people in the past year via a Home Care Review Survey. People fed back that they were satisfied about the care and support they received. People using the service and their relatives said that office based staff visited them at home to complete checks. One person said "They pop in and out quite a lot" and another said, "They ring me up and ask if my care is OK." People shared with us their comments about their views of the quality of care they received. People said they were satisfied with the care they received and the service met their needs. People made comments such as, "Pretty good on the whole, I don't think they could do better," "Really good service, I am impressed," and "The quality of the service is good, I don't know what would make it better, although it would be nice to always have the same person."

The registered manager encouraged staff to be accountable in their caring roles. Staff told us the registered manager was supportive and treated them well and with respect. Staff said that their jobs were enjoyable and liked working and supporting people. Staff added that the registered manager was aware of the importance of arriving to their visits on time.

The registered manager worked in partnership with external organisations. Local health and social care services professionals met with staff regularly to review people's care needs. The registered manager identified that partnership working helped to co-ordinate care and support for people effectively. This helped people to receive the care and support that met their health care needs and maintain their well-being.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered manager did not inform the CQC of incidents that should be notified. Regulation 18(1) and (2)(e)

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Services users did not receive safe care or treatment to meet their needs. Regulation 12(1) and (2)(a), (b) and (g)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Service users did not receive a service that assessed, monitored and mitigated the risks relating to their health, safety and welfare. The registered manger did not maintain securely an accurate, complete and contemporaneous record in respect of each service user. Regulation 17(1) and (2)(b) and (c)